U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM-LM-30 **LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT**

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



1. File Number U - 577

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 57754					2. Fiscal Year Covered From:			
					11 / 1 / 2004 Through: 12 / 31 / 2004			
3. Name and address of person filing.					4. Name, file number, and address of labor organization.			
Name	William	M Ra	**************************************		Name	Plumbers Loc	cal Union #	onsymmetric various palatiining need sa deptisysta den need synd and grap tabell of sequelement of the delivery 68
					Labor	Organization File N	umber 039	9449
P.O. Box, Bldg., Room No., if any					P.O. Box, Building and Room Number, if any P o Box 8746			
Street	24303 Emory Green St				Street 502 Link Rd			
City	Katy				City Houston			
State	Texas		ZIP Code + 4	77493-3535	State	Texas		ZIP Code + 4 77249-8746
5. Position in labor organization. Executive Board Officer								
Enter appropriate data below If, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):								
A. Held moneta	an interest in, engaged ry value <b>from an emplo</b>	in transac oyer whos	ctions (includi se employees	ng loans) with, or s <b>your organizati</b>	derived ir on repre	ncome or other eco sents or is actively	onomic benefit of seeking to repre	esent.
6. Name and address of Employer (including trade name, if any).					7.a. Nature of Interest, Transaction, or Income.			
Name Houston Area Plumbing J.A.C.				Check was made out to U. A. Visa. Instructor Awards Dinner, Macaroni Grill for U.A. Instructor				
Trade Name, if any:					Training in Ann Arbor, Michigan, on August 9, 2003 through August 16, 2003.			
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					ature	***************************************		
submil	gnature and verification. ted in this report (including signed's knowledge and be	the inform	ation contained	d in any accompany	ina docum	ents), has been exa	mined by the signs	, that all of the information tory and is, to the best of the
Signe	« Clin	) <i>III.</i>			On	8/01/2005	281-404-5	7 6 1 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
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	30 (2003)						***************************************	